THE

MEDICAL AND SURGICAL REPORTER.

Whole Series, No. 297. PHILADELPHIA, JUNE 28, 1862. New Series, Vol. VIII. No. 13.

ORIGINAL DEPARTMENT.

LECTURES.

Lectures on Orthopædic Surgery.

Delivered at the Brooklyn Medical and Surgical Institute.

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IV.—*Deformities of the Spine.*

(*Continued from page* 266.)

Gentlemen, having discussed the pathological conditions of the spine that underlie posterior curvature, we may now with propriety take into consideration the all-important question, *whether they are such as to admit of a partial or total restoration of the normal forms?*

Competent pathologists will answer this question *with an emphatic no!* Spinal doctors will say yes! The former will refer you to their pathologico-anatomical observations. The latter will produce diagrams of fearful curvatures cured by a pair of stays, or by a patented spinal supporter, and that in a fabulously short time. If your credulity is not up to the mark, they will strengthen their assertion by referring you to the most eminent physicians, whose reputation is powerful enough *to convert ink into the milk of human kindness.*

It would of course be incongruous with the character of this audience and these lectures to meddle with the assertions of pretenders. We shall, therefore, at once enter upon the anatomical changes of those structures that essentially constitute the deformity in question. From this basis alone a rational answer can be given.

In reviewing the morbid changes of the cancellated structure in endostitis, we notice first hyperæmia and general infiltration of plastic material. The connective tissue swells, becomes filled with a gelatinous and somewhat fatty substance, forms exuberant vegetations, occupying the cancelli, and, in the same ratio, the bony structure becomes rarified by either change or interstitial absorption. This process has been designated by Rokitansky as osteo-porosis. If the process of inflammation proceeds farther, the cellular bodies are converted into parietal pus cells, which burst and diffuse the embryonal pus cells through the entire structure, (purulent infiltration;) and if the inflammation be circumscribed, it gives rise to the formation of an abscess. In general endostitis, the bone, becomes soft and pliable as in rachitis, and even more so; a condition which has as yet not been sufficiently appreciated as a mechanical element in deformities.

We have had opportunities to observe this process in analogous bony structure; we have found the bone as soft as cheese, and the epiphyses of the cylindrical bones bend upon themselves and the shaft.

The recovery of the cancellated structure from inflammation or suppuration is accompanied by the formation of denser osseous material (osteo-sclerosis) and irregularly shaped, often proliferous osteophytes.

Now, gentlemen, it is self-evident that the softened vertebral bodies cannot sustain the superincumbent weight without being altered in size and shape. The thoracic vertebræ suffer, therefore, more from the disease than the lumbar ones, on account of their primitive form and position at a curve.

We have but one way of *obviating the mischief*, that is, to place the patient in the supine posture, and remove thus the superincumbent weight. All we can possibly accomplish thereby, *is the arrest* of the deformity. But the *already acquired* deformity we have no means

of affecting, because *we cannot change the shape of the vertebral bodies.* If it be thus impossible to produce any change in the already established deformity at a period when the bones are soft and pliable, it is still more out of our range when the bones are consolidated and incrusted by new bony deposits.

With reference, then, to those posterior curvatures of the spine that originate in endostitis of the vertebral bodies, we can give but *a negative answer.*

As to periostitis of the spine, we presume the deformity to be but an incidental sympton. At any rate, we have observed cases and conducted them to a favorable termination without any noticeable deviation of the spine. If curvature of the spinal column at all ensues, it is by caries of the vertebral bodies and consequent loss of substance. Whether the superincumbent weight is sufficient to produce the curvature, or whether the subsequent formation of sclerotic tissue in both the bones and the periosteum draw the spine forward in a similar manner as the cicatrix of burns, we do not feel quite sure. But, certainly, we are debarred from means *of correcting a deformity* that has become established by so material anatomical changes in the spine, and has been rendered still more permanent by osteophytic bands, passing from one part of the spine to the other.

In fractures of the spine, we have to deal with different mechanical elements. There is the alteration of form and relation of the vertebræ. Next come the incidental changes of the structure; and last the callus. We believe that rest, immobility of the spine, and horizontal posture of the patient will constrain the inevitable deformity to the least possible degree. *But once produced, the curvature is permanent and unalterable.*

As to softening of the intervertebral fibro-cartilages, the question is open for discussion. We intimated to you that we had seen *but one well-authenticated case of this description.* Our clinical observation has, however, brought us in contact with quite a number of instances which we feel strongly induced to classify under this head. There was an unusual degree of flexibility of the spine, and comparatively little suffering. The local symptoms were moderate and scarcely ever combined with suppuration. Recovery, though slow, was mostly perfect. These were the cases in which we *succeeded in slightly reducing the posterior curvatures, but were never successful in completely relieving one single case.* Considering that the flexibility of the spine chiefly rests with the intervertebral cartilages, and that the morbid process renders their structure still more soft and yielding, and, finally, that mechanical actions can be brought to bear upon them by position, it would seem that this was the only form of posterior curvature in which positive remedial assistance could be rendered.

The case detailed on a prior occasion, cannot be admitted as a solitary one. The susceptibilities of the intervertebral cartilages are more or less the same in every individual, and traumatic injuries exercise their effects upon the flexible portion of the spine first. These views may be speculative, but they are certainly not irrational. At any rate, the case submitted cannot fail to invite your interest, and direct future pathological inquiry. The abnormally straight form of that spine is in itself the most direct answer to the question propounded. But it is certain that this influence on the form of the spine lasts just as long as *the cartilages are soft and pliable,* as long as *the active disease of the structure exists.* The recovery is qualified by the formation of firm sclerotic tissue more or less deficient in elasticity, and therefore unalterable in its form.

From the preceding remarks it would generally appear that the susceptibilities of posterior curvatures to corrections are but slender. That in most the progress of that symptom can barely be arrested, and that as soon as the affected tissues have returned to a state of relative health, amendment of the form has likewise become impracticable.

The specimen now presented, Fig. 50, shows you conclusively the correctness of these remarks. It is well, gentlemen, to know the latitudes of our usefulness beyond which pretensions commence. We shall now occupy your attention with the external causes of gibbus.

It is rather strange that the occurrence of traumatic injuries to the spine by falls, twists, contre-coup, etc., has been generally slighted by surgeons, and their influence underrated as the cause of posterior curvature, whereas constitutional causes have been admitted with eager readiness. We can account for this singular disregard of traumatic injuries but in one way, namely, that their consequences *ensue at so late a period as to admit hardly of any causal connection.* And yet analogy and daily experience

amply teach us that the affections of bones, cartilages, and tendinous structures are extremely tardy in their development. That between cause and signal morbid effect many months may pass by before the latter presents its gross and noticeable manifestations. Occasionally we may succeed in establishing the links between the two, but more frequently the causes are forgotten when their consequences appear. Ever since we have taken a lively interest and paid special attention to orthopædic surgery and the diseases of bones and joints, we have been forcibly struck with the above fact, and we have collected all the clinical material that could possibly elucidate the point, and have found sufficient proofs to show that traumatic injuries are the chief cause of most of the maladies that befall the structures comprised in the spinal column and the locomotive apparatus. It may seem that we dwell too much on this subject, and repeat too often our views on the same point; but, gentlemen, it is of the utmost importance that the truth should be put in so high relief as to be recognized and respected. The general opinion prevails, that posterior curvature is the concomitant of poverty, gross hygienic neglect, and deteriorated constitutions. Our clinical observations do not accord with these general views. In the first place, we have met the difficulty as often, if not more frequently, in high life, although we have had a fair share of dispensary practice. Next, we have found boys more numerously afflicted with gibbus than girls; and, in fine, we have seen the most healthy and robust constitutions invaded where no dyscrasic taint could be discovered without fastidiousness. These observations do not correspond with the generally received opinion, and rather indicate the preponderance of external causation.

Fig. 50.

Let us further bear in mind the experiments of Bonnet, who succeeded in producing, with comparative trifling exertion, extensive injuries of the spine, and remember that in infancy the spine is very differently constituted from that of adults, and therefore much more susceptible to be deranged and affected by traumatic influences. And lastly, if we consider the hazardous ramblings of children, we cannot hesitate to allot to violence its fair share in producing the trouble.

The more readily we admit the importance of the same, the more useful we shall become to our patients *in preventing difficulties which, once established, we are unable to cure.*

That other causes are likewise calculated to lead to the same results, cannot be denied. A sudden checking of a profuse perspiration is as much apt to give rise to a periostitis of the spine as to periostitis of any other part of the skeleton. Hooping-cough has, to our certain knowledge, in various cases been the remote causation of gibbus, and he who has seen the immense straining and flexion of the spine in that disease cannot be surprised at the consequences. We are of the opinion that in hooping-cough the thoracic portion of the spine is exclusively subject to the posterior deviation, and that the intervertebral cartilages are the main seat of the disease.

In but one single instance the deformity had to be ascribed to syphilis. This being so rare and exceptional a case, we beg leave to adduce the history. The patient, a German merchant, was forty-five years of age when attacked by gibbus.

He had been three years affected, when, in consultation with two prominent practitioners of New York, we saw him.

His deformity comprised most of the thoracic vertebræ, and simply presented a larger than the normal curve. The symptoms attending his case were quite insignificant. The pain was but trifling, the respiration almost undisturbed, and his rest was scarcely affected. Notwithstanding the deformity had slowly and steadily increased, and was quite formidable when we were called in, up to that time the patient had followed his business avocation, had walked to his office down town, and scarcely felt any diminution of muscular power.

Besides his deformity, he presented some extensive gammatous swellings at the tibia and other cylindrical bones, occasional soreness of the palate, and increased discharge from the nostrils. On change of weather he experienced pain at the swollen bones, but he was free from pain in good weather. For some twelve years he had been treated for chronic rheumatism, and repeatedly used the decoction of Zittman, besides other remedies.

His physicians had set the case down as caries of the vertebral bodies without suppuration, had repeatedly applied the moxa, actual cautery, and the like remedial agents, but the patient had derived no benefit whatsoever.

On a close examination into the antecedents of our patient, we made out a different diagnosis. With some reluctance the patient admitted to have been affected with chancre as early as 1830; had undergone a treatment with calomel under the least auspicious hygienic circumstances. The disease had returned in less than a year, when, under his own responsibility, he had the treatment repeated. During the subsequent ten years he had variously suffered from syphilitic symptoms, and been variously treated for them. The affections of his bones were of an early date, but they had been kept in submission by medicines, and never allowed to extend.

In the absence of any other plausible cause of the deformity, no alternative was left but to ascribe it to the effects of syphilis, for which we had, indeed, positive proofs.

That syphilis may invest the vertebræ, has been conclusively demonstrated by Colles, although it is conceded to be of rare occurrence. In the present case there were no signs of a structural affection of the vertebræ, no discoloration of the surrounding soft tissues, neither abscess nor fistulous openings denoting caries.

That cartilages are not exempt from syphilis, is beyond doubt, though clinical observations do not extend to the fibro-cartilages of the spine. That these were, however, affected in the case under consideration, seems to be conclusive from the absence of symptoms appertaining to the vertebræ, and positively from the round form of the gibbus and the moderate symptoms attending the deformity. Not unlikely the case had been initiated by syphilitic periostitis of the spine, the formation of gammatous exudation below the periosteum involving but secondarily the fibro-cartilages.

We of course advised rigorous anti-syphilitic treatment; and from all we have learned since, (1854,) we have good reason to believe that the patient was greatly benefited, and his deformity brought to a stand still.

Before closing the chapter on the causation of posterior deformity, we propose to offer a few remarks on the constitutional causes of this difficulty. In every handbook on surgery staphylosis is generally charged with the mischief. Now, gentlemen, it would be folly on our part to deny *in toto* such constitutional causes that derive their existence from bad hygiene and deranged nutrition. We acknowledge them to the extent of their reality, but consider it equally unjustifiable to enlarge their part in the disease by hypothesis or arbitrary adjustment, as is so frequently done. If we can clearly establish other palpable causes of the trouble, why should we recur to a strumous diathesis? A healthy child may meet with an accident; deformity of the spine may ensue in an insidious way, the constitution becomes necessarily infringed, the patient anæmic and attenuated from pain, want of rest and appetite. Thus we have the ordinary effects from ordinary causes, as we can observe them in daily pursuit of our avocation, a clear case throughout.

Yet we are constantly directed to mystify ourselves, to silence our logic in behalf of a preconceived idea. It is high time that we arouse from the lethargy into which we have been thrown by individual authority, that we, as it becomes inductive science, recognize the only legitimate authority, namely, the clinical fact, and resume independent investigation. The book of nature is open to all of us, and there is truly no necessity to read it always with the spectacles of others.

To be continued.

COMMUNICATIONS.

Veratrum Viride.

BY J. R. MCCLURG, M.D.,
Of Philadelphia.

I have been not only interested, but much amused, by reading the reports of members of the medical profession, recently published in the MEDICAL AND SURGICAL REPORTER, upon *veratrum viride;* and, as my name was mentioned in connection, may I ask the favor of placing before your readers more fully my opinion upon the subject?

It may be well enough, in the first place, to attempt to answer one or two important questions, which present themselves in this connection, viz., What is the general or specific effect of *veratrum viride* upon the system? Is it an excitant—a stimulant? Is it an antiphlogistic? Or is it a narcotic sedative? And if truly a narcotic sedative, is it so to the general nervous system, like opium and its preparations—or is it special in its operation, and if so, upon what special part is its effect most manifest?

If we take the whole *written opinion* of the profession upon the subject, I must acknowledge that these questions are not so easily answered. Some writers affirm that the general effect of veratrum upon the system is similar to that of opium and hyoscyamus, which are ranked as stimulant narcotics. In moderate quantities, opium and hyoscyamus, and, indeed, hemlock also, but not so decidedly, not only increase the force and fullness, but also the frequency of the pulse, and, as a sequence, augment the temperature of the skin.

But I am positive in the declaration that in no single instance, in which I have prescribed veratrum, have I been able to detect the least tendency toward excitement or stimulation, and certainly no physician ever found it *super excitatio*, as stimulant narcotics sometimes prove to be. Is it, then, an antiphlogistic? No! certainly not, in the true sense of the word, any more than digitalis and hyoscyamus are. But Dr. Livezey says by veratrum "arterial action is more permanently reduced than by the lancet," and Dr. Taliaferro says: "The great advantage this remedy possesses over the abstraction of blood is, that its effects are far more decided, and not followed by the reaction which almost invariably succeeds venesection." Indeed, it is a fact not to be disputed that the action of the heart can be controlled more effectually by veratrum than by any other remedy, but it does not follow as a consequence that it is truly *the best* antiphlogistic remedy, nor yet among the best. If inordinate action of the heart was the great cause of inflammatory diseases, and the bringing down its action and controlling the circulation of the blood would cure inflammatory fevers, no other remedy would be required, for with veratrum I can control the heart at pleasure. I know it is a prevailing opinion, of far too great an extent, that to cure a serious inflammation all that is required is to "bring down" the action of the heart, and keep it down; and that venesection, tartar emetic, etc. are given for this purpose entirely. In treating a case of puerperal peritonitis, pneumonia, or phrenitis, we do not think of resorting immediately to hemlock or digitalis, by which we can directly diminish the action of the heart, and exhaust it of its contractility; nor should we think of resorting to veratrum in the early treatment of such diseases. Veratrum is *not the remedy* for acute inflammatory diseases, and never can be more so than hemlock and digitalis. Yet Dr. Boyd Emery "found it to control the force and frequency of the pulse, and an admirable antiphlogistic." In Dr. T. W. Foster's hands "it speedily controlled the inordinate action of the heart, and he regards it as especially adapted to all acute phlogosis." But Dr. G. W. Boerstler remarks: "As a curb to the heart, it (veratrum) is truly invaluable. But, believing as I do, that the vis a tergo of the heart is neither the first link, nor yet the essential phenomena in inflammatory disease, I hold the veratrum, not as a curative agent, but as a most desirable adjuvant." As a general rule in inflammatory fevers, we find the pulse full, strong, and quick, the skin hot and dry, and the respiration accelerated, and perhaps somewhat difficult—excepting when the inflammation be in some *most vital* organ, and of a serious character, when we find the pulse small, contracted, tense, and frequently slower than in health. In each of these cases we may have a serious inflammatory action going on, which requires immediate attention to save the patient. In one case, the pulse is full and strong, and you say it demands blood-letting, and a strict antiphlogistic treatment. In the other case, although the inflammation is, from its locality, of a far more serious character, yet the pulse is small, tense, contracted, and perhaps slower than in

health, yet we *know* that this condition of the pulse depends not on debility, but because the pulse—the heart is depressed by the disease, and the pulse must be unlocked and liberated by free blood-letting, before it will soften and expand to the normal condition. We do not, in such cases, think of beginning our treatment with hyoscyamus, digitalis, and hemlock, and certainly we should not resort to veratrum viride.

Therefore, I again repeat, most emphatically—pardon my assurance, but, during the past few years, this has been one of my *pet* remedies, and I have prescribed it more freely, perhaps, than any other practitioner in this country—that in *any and all acute* inflammatory diseases, veratrum is not the primary remedy, should never take the place of blood-letting, and other antiphlogistic remedies, but should come in as *a remedy*, and, indeed, sometimes *as the remedy*, in reduced conditions of the system, *in which we find rapidity of the pulse* one of the manifest symptoms. Veratrum is, in those cases, *essentially a heart-medicine—the governor at the wheel regulating its motion to that of the machinery.* Is veratrum viride, then, a sedative, and will it produce narcotism? The active principle of opium having been conveyed into the circulation, its force appears to be directed, first, to the cerebrum, and, secondly, to the general nervous system, producing the sedative and soporific effects peculiar to the medicine. In belladonna and digitalis, both powerful narcotic sedatives, their first manifest effects appear to be upon the brain, the encephalic nerves, and the nerves of the special senses, but, subsequently, the whole nervous system becomes prostrated and paralyzed. The active principle of hemlock appears to be directed more particularly to the cerebellum and medulla spinalis, prostrating the motor nerve power, and thus producing paralysis of the voluntary muscles, involving the organs of respiration, and causes death by arresting this process. In veratrum viride the active principle is directed particularly to the *cerebrum abdominale*, the sympathetic nervous system, and we find its first manifest effect upon those organs under the more immediate control of this nervous system—the great regulator of involuntary motion. The action of the heart, the circulation of the blood, respiration, digestion, and secretion, are all presided over and regulated by the sympathetic system.

This sympathetic nervous system, then, being the part of the organism especially controlled by veratrum, diseases and derangements affecting this system, or any of those organs under its presidency, are undoubtedly tranquilized and cured by veratrum, and thereby a calming or sedative effect transmitted to the general nervous system. But if a disease be located in a part of the body presided over by the brain proper, quite independent of the sympathetic system—the circulation and the respiration in this case being only sympathetically affected by the disease—veratrum in this case also calms and controls the circulation and respiration, but will not produce a sedative and narcotic effect upon the general nervous system, like opium and hyoscyamus. Let me give just two cases in illustration of what I mean:—

Thos. Moore, aged twenty-seven; typhus fever; has been sick almost two weeks; is quite prostrated, and has that singular expression of despondency and anxiety so peculiar to this disease; has no pain in the body whatever, excepting an uneasiness and dreamy sensation about the head; great restlessness; sighing frequently; occasional delirium; hurried respiration; dry skin; the pulse 135 per minute; great derangement and oppression of the sympathetic nervous system, but not the least indication of any organic disease. January 7th. Prescribed five drops of *Tilden's Fluid Extract of Veratrum Viride*, every four hours. January 8th. Patient has taken twenty-five drops veratrum since yesterday, and feels quite comfortable; has slept about four hours; the breathing quite normal; slight moisture of the skin; no delirium; the pulse 85 per minute. January 9th. Has taken twenty drops of the veratrum since yesterday, and no other medicine. The pulse only 70 per minute; the breathing slow, but normal; the bowels regular; the skin cool and moist; no pain, and sleeps sufficiently. In this case the veratrum was given only occasionally afterward, and the patient recovered speedily.

Chas. Davis, aged seventeen; malignant erysipelas of the foot and ankle-joint. Had been under treatment for almost three weeks; this my first visit; the patient has the appearance of having been a great sufferer, and is very much reduced; has fever every afternoon, and sweats all the fore part of the night; suffers much pain, and cannot sleep well; the foot and ankle very much swollen, and discharges very considerably; no appetite; great fluttering about the heart, and at times difficulty in breathing; the pulse 140 per minute.

Treatment.—Take five drops of *Tilden's* veratrum viride every four hours, and apply the ceratrum hydrargyri comp. and roller to the foot and leg. On the next day, the patient had taken twenty-five drops of veratrum, and the pulse was reduced to 80 per minute; had no fever nor sweating during the past night; did not sleep much; foot more comfortable, but still painful; but in every other respect comfortable. Ordered four drops of veratrum every four hours, to be given until next day, at which time the pulse was only 60 per minute; nausea, and the bowels moved frequently during the past two hours; the skin cool and moist; the respiration *slow* and *very deliberate;* the foot still somewhat painful. Ordered twenty drops of tinct. opium, which entirely relieved the nausea and checked the bowels; ordered sulph. quinia, gr. ij; Tilden's fluid extract hyoscyamus, gtt. x; every four hours, and no veratrum till next day, when I found the patient sleeping comfortably; had very little pain in the foot; skin warm, but no fever, and the pulse 95 per minute; ordered sulph. quinia, gr. ij; Tilden's hyoscyamus, gtt. x; Tilden's verat. viride, gtt. iij; to be taken every five hours, which was continued for some time, and the patient improved rapidly. You will please observe the difference in the effect of the veratrum in these cases. In the first, the *seat* of the disease was beyond a doubt—*and permit me to say that I believe it to be the seat of disease in all typhus cases*—in the sympathetic nervous centres, and the veratrum in this case not only controlled the sympathetic system and organs under its presidency, but also calmed through it the general nervous system, and the patient recovered under the use of the veratrum speedily and rapidly.

In the second case, the seat of disease was in a part of the body beyond the control of the sympathetic nervous system; but this system was secondarily affected by the disease, and, as a sequence, all those organs under its control; but still we found the veratrum in this case, as in the other, to control most perfectly the sympathetic system, but it did not relieve the pain and calm the general nervous system like the hyoscyamus. Veratrum is a sedative, a narcotic-sedative, if you like, of the sympathetic nervous system, and through it, of all those organs under its immediate control; but it is not a narcotic-sedative, in the true sense of the term, to the general nervous system, and should not be employed to produce narcotism. *Veratrum is a heart-medicine, and the indication for its use should ever be the condition of the heart—the rapidity of the pulse—this and nothing more. In all diseases, of all ages and under all circumstances, no matter how excited the system, or how prostrated the patient, rapidity of the pulse is the indication for the use of veratrum, and with it we can calm and control the heart.* It is safe, perfectly safe, and most efficient for this purpose; but it is certainly ungenerous to ask it to do in addition the work of the lancet, of tart. emetic, and of calomel and opium in all diseases of the body. But do not understand me to say that veratrum is applicable and demanded in the treatment of all diseases of the heart and sympathetic nervous system. I have spoken most specifically; for we often meet with cases in which the heart, the respiration, and the whole sympathetic system are depressed and paralyzed by some poison or *personal miasmata* circulating through the system, and in those cases veratrum is contraindicated. *Rapidity of the pulse is the indication* for the use of veratrum, and the reduction of the pulse *from* 140 *to* 80 *per minute is not gained at the expense of the strength of the patient;* but with this reduction of the pulse to its *normal condition, we always find regularity and tone added to it*—calmness to the circulation, and respiration and tranquillity to the patient. But is veratrum a safe remedy? Yes, perfectly safe when indicated; and if given to a patient when not indicated, the *veratrum* even then is not half so "*dangerous*" to the patient as his medical attendant may prove to be. But Drs. Lee and Platt, in a number of the REPORTER, concur in *thinking* it probable that in one year it (veratrum) has caused more deaths than chloroform has since its discovery. Now, this is perfect nonsense, and I am sorry, indeed, that our friends have been "thinking" so strangely upon this subject; for I know it is almost impossible sometimes to keep our friends from adopting and believing errors. But, seriously, how often do we hear and know of deaths being produced by opium and also by chloroform? But I have *never* yet *known* or *heard* of a *single* death from the administration of veratrum viride. And regarding it, as I do, to be perfectly safe in the hands of *any intelligent* physician, if death should occur from its administration by *any other*, I would certainly hesitate to intrust the administrator afterward with aconite, digitalis, hyoscyamus, hemlock, arsenic or corrosive sublimate, or, indeed, any medicine more potent than castor oil

and Epsom salts. But does not veratrum sometimes produce nausea and vomiting? Yes; it is very likely to do so if we give it freely enough to bring down the pulse *very rapidly* from a greatly accelerated state to *below* the normal condition. But I have never found it to produce those results in any case until the pulse had been *reduced below* 80 per minute, after which the medicine should be given in reduced doses and at longer intervals, if not discontinued for a time. But in case the pulse is reduced very quickly, say from 140 to 65, and the patient has nausea, vomiting, and, if you like, "faintness and vertigo," what should we do? *Simply discontinue for a time the veratrum, give the patient a little brandy and water, or a few drops tinct. opium*, and he will be speedily and entirely relieved; this and nothing more.

Medical Societies.

THE CONNECTICUT RIVER VALLEY MEDICAL ASSOCIATION.

This Association held its third annual meeting at Bellows Falls, Vt., May 7th, 1862. The President being absent, Dr. Lyman Brooks, of Acworth, N. H., was elected President *pro tem.*

Drs. Crowley, of Mount Holly, and N. Grout Brooks, of Acworth, were elected members of the Association, and the following gentlemen were chosen officers for the year ensuing:—

President.—W. H. Thayer, Keene, N. H.
Vice-President.—H. H. Palmer, Ludlow, Vt.
Recording Secretary.—H. D. Holton, Putney, Vt.
Corresponding Secretary.—S. G. Jarvis, Claremont, N. H.
Treasurer.—Samuel Nichols, Bellows Falls.

The President called upon the members successively to state what diseases had prevailed in their several localities since the last meeting.

Dr. Simons, of Saxton's River, reported an epidemic of measles of mild type.

Dr. Sawyer, of Springfield, Vt., mentioned the following cases:—

1st. A woman, seven months advanced in utero-gestation, was attacked with measles. The eruption was slight. There was present, from the first, considerable congestion of the lungs, with aphonia. She passed on to her full time and was delivered of a dead child. She did not recover from the aphonia, and was left in an anæmic and anasarcous condition. He wished to inquire as to the influence of measles upon pregnant women.

2d. A man was seized, as he supposed, with severe pain in one of the molar teeth. He applied to a dentist, who extracted it. The pain increased, with swelling of both face and tongue. Suppuration followed, and exfoliation resulted. He was in doubt as to the pathology of the case. Was it one of simple periosteal inflammation? If so, would it not be best to cut down as in other cases?

Dr. Crane, of Springfield, had seen many cases of exfoliation of the alveolar processes.

Dr. Crowley, of Mount Holly, reported the case of a man who was ill three or four weeks with severe pain in the side of the head. At the end of this time, a swelling appeared near the mastoid process of the temporal bone, the whole side of the face and neck being also slightly swollen. He made an incision of about an inch in depth, without reaching any pus. A deeper incision, however, gave vent to a large quantity of thin, sanious pus. Subsequently it was found necessary to make an opening three or four inches below. Dr. Scott, of Plymouth, also saw the case, and confirmed the statement of Dr. Crowley, but could not understand why there was not more swelling, with so large a quantity of pus. In answer to a question from Dr. Holton, Dr. Crowley stated that there was considerable pressure from below upward. Dr. Holton then remarked that it was probably one of those cases in which inflammation occurring in the deep structures, pus had burrowed beneath the deep cervical fascia. This is a strong areolo-fibrous membrane, the superficial layer of which passes in front of the clavicle, and is lost upon the pectoralis major muscle. If the deep layer be traced downward, it will be found to pass behind the clavicle, extending from the cartilage of the first rib to the coracoid process, forming the fascia costo-clavicularis. Owing to this disposition of it, we sometimes find pus burrowing here and discharging upon the chest.

Dr. Porter, of Paper-Mill Village, N. H., reported a case of severe puerperal convulsions, in which venesection and opium were used without controlling them. He then resorted to the use of ether, and subsequently to ether and chloroform combined. The effect of this anæsthetic was continued for twenty hours. The labor progressed favorably. There were no convulsions after delivery, but he thought there was still some cerebral disturbance. Dr. Graves, who saw this patient with Dr. Porter, remarked that chloroform combined with ether had a much better effect than ether alone, and that where the effect was most powerful the contractions of the uterus were most forcible.

Dr. Sawyer had seen several cases which were preceded by cephalalgia, in which he had recourse to copious bleeding, which resulted favorably. Dr. Crane considered the pathology to be pressure on the motor nerves, and thought this might be removed by venesection and cupping. Dr. Crowley had seen five cases, all of which had occurred after delivery. He had relied on phlebotomy and cathartics, with cold applications to the head. Dr. Gregg, of Newport, remarked that in an extensive practice of over fifty years, he had seen a good many cases both before and subsequently to delivery. He thought that in all cases where the contents of the uterus had

not been removed, the first thing to be done would be to remove it. He then gave the history of several cases which illustrated this. Chloroform and ether he had never used; but for the benefit of the younger members of the profession, he would say that he had bled a patient to the extent of thirteen pounds in a day with great benefit.

On motion of Dr. Weeks, adjourned for dinner, until 2 o'clock P.M.

The meeting was called to order at 2 o'clock P.M., and on motion of Dr. Holton, Dr. Crane was invited to read a portion of the statistical report sent in by Dr. Webber. This related to epidemic diseases, and was listened to with much interest.

Dr. Styles, of Windsor, called the attention of the fellows to the bench splint, which he had used with great satisfaction. It could be easily manufactured from the materials always at hand about dwellings.

Dr. Scott related the case of a man who came under his observation, with ununited fracture of the femur, of eleven months' standing, which he succeeded in uniting by means of semicircular bands of iron. Strips of iron, sufficiently long to extend over the seat of fracture, were placed anteriorly and posteriorly, the rings being then applied by means of screws, which pressed upon the parallel pieces.

Dr. Porter presented and gave the history of an acephalous fœtus.

The following gentlemen were then appointed a committee to compile and publish the statistical reports: Drs. Phelps, Thayer, Webber, Whiting, Hazelton, and Holton.

On motion of Dr. Gregg, the following gentlemen were appointed a committee to examine claims of candidates for admission: Drs. Gregg, Sawyer, Crowley, Higginson, and Twitchell.

On motion of Dr. Jarvis, the July meeting will be held at Brattleboro', and the autumnal one at Windsor.

On motion of Dr. Edmunds, it was voted to instruct the Secretary to present the proceedings of the Society to one or more medical journals for publication.

The Association then adjourned to the first Wednesday in July.

H. D. HOLTON, *Rec. Sec.*

NEW HAMPSHIRE STATE MEDICAL SOCIETY.

The seventy-second anniversary meeting of the New Hampshire Medical Society was held at Concord, Tuesday and Wednesday, June 3d and 4th—the President of the Society, Dr. E. K. Webster, of Boscawen, in the Chair, and Dr. C. F. P. Hildreth, of Concord, Secretary, *pro tem.*

The following gentlemen, having been recommended by the Council, were elected members: Charles F. P. Hildreth, M.D., Concord; Passmore Treadwell, M.D., Concord; George Montgomery, M.D., Gilmanton; George E. Spencer, M.D., Franklin; Hubert Sleeper, M.D., Grantham; Hadley B. Fowler, M.D., Bristol; Jefferson Smith, M.D., Dover; Frank P. Foster, M.D., Concord.

The Massachusetts State Medical Society was represented by Drs. Hoyt, of Framingham, and Savory of Lowell; that in Rhode Island by Dr. Batchelder, of Kingston. These gentleman gave interesting accounts of the organizations they represented.

At 12 o'clock, the Society listened to the annual address by the retiring President, Dr. Webster. Subject—"The Relations of the Profession to the Country and the War." The address was a finely written production, evincing much scientific research, and was overflowing with warm-hearted patriotism. The doctor paid a glowing tribute to the arduous and self-sacrificing labors of the twenty-five hundred medical men of our country now joined to the army of the nation. He said, to show the appreciation of being members of medical societies, that nearly all of them were. "Though the names of our brethren on the battle-field," he said, "may never be emblazoned on the banners of victory, or wreathed in green over triumphal arches, yet they will be written indelibly upon the hearts of our soldiers, and sacredly treasured in the minds of the American people." The address was replete in all its parts with interesting matter.

At 2 o'clock the Society adjourned to the Eagle Hotel to partake of their annual dinner. The President presided on the occasion, and about one hundred fellows of the New Hampshire Medical Society partook of the sumptuous feast.

Afternoon.—The following gentlemen were chosen officers of the Society for the ensuing year:—

President.—Dr. Charles P. Gage, of Concord.
Vice-President.—Dr. P. A. Stackpole, of Dover.
Secretary.—Dr. Nathan Call, of Boscawen.
Treasurer.—Dr. Levi G. Hill, of Dover.
Councillors.—Drs. A. H. Robinson, S. Campbell, Thomas Sanborn, C. H. Shackford, J. C. Hanson, W. H. Thayer, S. Cummings, A. F. Carr, L. F. Locke, J. F. Hall, I. W. Lougee, G. A. Phelps, Chas. Palmer, and J. H. Crombie.
Orators.—Drs. L. W. Peabody and N. Tolles.
Delegates to Dartmouth College.—Drs. W. D. Buck and L. G. Hill.
Committee on Surgery.—Dr. W. H. H. Mason.
Committee on Medicine.—Dr. S. M. Whipple.
Committee on Epidemics.—Dr. W. H. Thayer.
Committee on Publication.—Drs. Call and Hildreth.
Committee of Arrangements.—Drs. Gage, Hill, Stackpole, and Smith.

The following gentlemen were chosen delegates to the State Medical Societies of New England:—

Drs. Alber Smith and A. H. Robinson to Massachusetts; Drs. F. P. Fitch and S. Bunton to Rhode Island; Drs. George B. Twitchell and S. M. Whipple to Vermont; Drs. Noah Martin and P. A. Stackpole to Maine; Drs. J. P. Whittemore and C. F. P. Hildreth to Connecticut.

Dr. J. P. Whittemore, of Chester, delivered an oration on the "Qualifications and Duties of the Medical Profession;" Dr. Fitch, of Amherst, read a paper on "Obstetrics," and Dr. Martin, of Dover, one on "Hypertrophy of the Nymphæ." Drs. Abbott, Smith, and Carter reported resolutions on the death of Drs. Luther V. Bell and Artemas

Carr. Dr. Webster was appointed a committee to report at the next annual meeting on the subject of "Locality as a Cause of Consumption in New Hampshire."

VERMONT MEDICAL SOCIETY.

The semi-annual meeting of this Society was held in the Academy Hall, at St. Albans, on the eighteenth and nineteenth ultimo. The meeting was called to order by the President. The record of the annual meeting having been read and approved, a committee was appointed to examine candidates for membership, also a committee to present to the Society subjects for discussion.

The committee on candidates for membership reported the following gentlemen, who were elected members: Drs. S. S. Clark, Alburgh; W. L. White, Fairfield; H. P. Hall, St. Albans; J. H. Hamilton and John Huse, Richford; H. P. Woodward, Bakersfield; and S. J. Holley.

The credentials of Dr. Benjamin E. Cotting, of Roxbury, Mass., delegate from the Massachusetts Medical Society, were read, and Dr. Cotting was invited to sit with the Society and participate in the deliberations of the same.

The credentials of Dr. E. M. Snow, of Providence, delegate from the Rhode Island Medical Society, were read, with a letter explanatory of his absence.

Dr. Stevens, of St. Albans, moved that the Secretary transmit to the Secretary of the Massachusetts Medical Society the acceptance of their delegate, and an expression of pleasure in thus exchanging fraternal professional relations, and trust the interchange may mutually continue.

Dr. Stevens further moved that the Secretary be requested to invite an exchange of delegates from the several societies of the remaining New England States and from the New York State Medical Society, to attend the annual meeting of their respective societies.

Dr. Stevens, at the request of Dr. Chandler, reported a very remarkable case of *Lusus Naturæ*, in the person of an infant, which elicited interesting remarks from Drs. Reynolds, Chandler, Morgan, and others, upon the effects of marked impressions made on the mind of the mother on the development of the fœtus in utero.

Committee on subject for discussion, reported Diphtheria. Some three or four hours were devoted to the discussion of this disease. Dr. Woodward recommended calomel in certain stages. If the skin and tongue became dry and parched, secretions dried up, he would give calomel, in doses from one to four grains, once in four hours, for twelve, twenty-four, or thirty-six hours, or until the secretions were restored, the tongue and skin moist. He rarely gave stimulants or tonics.

Dr. Reynolds might sometimes give a mercurial cathartic, in the early or inflammatory stage, but never later. An early and continuous tonic course was generally called for.

Drs. Hall, Chandler, Marsh, Stevens, Branch, and many others took part in the discussion. All (or nearly all) agreed that it was a blood disease *sui generis*, and that after active local treatment, two other indications remained, viz., to eliminate the poison from the blood, and sustain the patient. Antiphlogistic treatment inapplicable, mercurials contraindicated. For topical applications, nitrate of silver seemed to be the general favorite, in solution of various degrees of strength, according to the experience or taste of the practitioner. A few recommended the solid stick. Others doubted its utility in any form, opposed irritating application, and recommended a soothing, palliative course. Tincture of the sesquichloride of iron and chlorate of potassa were the two next most common topical applications.

Dr. Huntington reported a case, now under treatment. A female, twenty-two years of age, married, was confined some four months since, third confinement. Nothing unusual about the labor; did well and nursed the child for three or four weeks. At the end of this time, her abdomen began to enlarge, and continued until it became enormously distended, and it became necessary to perform the operation of paracentesis abdominis, in order to save, or prolong life. Fifteen quarts of fluid were drawn. For several weeks after the operation, the fluid accumulated very slowly, but finally more rapidly, and it became necessary again to operate. On the sixteenth ultimo, she was again tapped, drawing away about eight quarts of thick, ropy fluid, light, yellowish cast, inodorous, and of the consistence of thin cream. Symptoms seemed to indicate a case of ascites, but the fluid presented had more the appearance of an encysted ovarian dropsy.

On motion of Dr. Stevens, the Society voted to request Dr. Huntington to note the case, and if fatal, procure a post mortem, and report to the annual meeting.

Dr. Rublee, of Montpelier, presented an interesting case of aneurism by anastomosis, in a young man, occasioned by an injury from a thrown stone, some three years since. The tumor had the ordinary bluish color, lobulated, spongy feel; pulsating slightly to the touch; auscultation readily distinguishing the cardiac contraction.

The areolar tissue of the entire upper lid was involved, largely and prominently distended, overlapping the lower lid and mechanically obstructing vision, which otherwise was unimpaired, receiving its arterial supply from the internal carotid, through the ophthalmic, supra orbital, and other anastomosing arteries, derived from the common carotid. The result of the discussion, relative to treatment, was that ligature of the latter vessel afforded the only hope of cure. Whether the feeding arteries would require tying, after the ligature of the carotid, could be only determined by the operation.

Dr. Rublee also presented a case of osteo-

sarcoma, of three weeks' duration, occurring on a boy twelve years of age. The tumor involved the superior portion of the fibula of the right leg, and undoubtedly also involved the head of the tibia, as there was considerable and uniform globular enlargement of all the tissues, with a moderately firm, hard feel. The surface of the tumor presented a high degree of vascularity, and was somewhat tender and sensitive. The condition of the patient was unpromising for an operation for removal, as he was emaciated, cachectic, and losing ground, from the contaminating constitutional influences of the local affection.

In the discussion of this case, a number of instances were mentioned, by members of the Society, in some of which operations had seemed to prolong life, and palliate symptoms for a short time. Usually, however, the disease had returned locally, or the system took on general glandular and constitutional infection, and the patients eventually sank.

It is hoped Dr. Rublee will report the treatment and termination of each of these interesting cases at the annual meeting of the Society in October next.

[We would be pleased to have both Drs. Rublee and Huntington report these cases fully for our columns.—EDS.]

EDITORIAL DEPARTMENT.

REVIEWS AND BOOK NOTICES.

Military and Camp Hospitals, and the Health of Troops in the Field; being the Results of a Commission to Inspect the Sanitary Arrangements of the French Army, and Incidentally of other Armies in the Crimean War. By L. BAUDENS, Inspector of the French Army, etc., etc. Translated by FRANKLIN B. HOUGH, M.D., late Sanitary Inspector in the Army of the Potomac. New York: Baillière Brothers, 440 Broadway. 12mo., pp. 260. Price $1 25.

The title of this book gives the reader a good idea of its contents. It is written in the form of a narrative, in which the condition of the camps, hospitals, and troops of the French army more particularly, but incidentally of the English, Sardinian, and Russian armies, are graphically portrayed. It is truly fortunate for humanity that we have the medical history of that great campaign so minutely and so impartially written out. It is like putting up beacon lights all along the dangerous precipice to warn the traveler where he may plant his footsteps on firm and unyielding soil. To disregard them is certain destruction. What Macleod has done for the British army, Baudens has done for the French and Sardinian. Both have discussed thoroughly the prevention and control of disease in camps and hospitals, and portrayed faithfully the points in which errors were made in sanitary and hygienic regulations in both armies, which resulted in a fearful loss of human life. The publication of these works in this country at this time is most opportune. That portion of Bauden's work, which is devoted to hospitals and their diseases, and especially the prevalence of typhus fever as an epidemic, cholera, etc., will be read with thrilling interest, and the more so because the dearly-bought experience of that campaign may be of large advantage to the surgeons of our own army, in this terrible crisis of our national affairs. The typhus, or camp fever of the Crimea, though more virulent in its poisonous action, and more awfully fatal in its results, is yet but an antitype of the fevers that prevail to some extent in our own camps and hospitals; and the sanitary measures which Baudens, after repeated delays and repulses, by the most persistent efforts finally succeeded in carrying into operation, may be just the means by which the progress of such an epidemic among our troops shall be prevented.

The translator and annotator has done his work well. The addition of an index of all the matters contained in the volume is a feature which is worthy of commendation, and will render it more readily serviceable for study or reference.

PERISCOPE.

Weekly Summary of American Medical Journalism.

BY O. C. GIBBS, M.D.

ANÆSTHETICS IN MIDWIFERY.

In the REPORTER for May 3d, we gave the opinions of Professor Barker in regard to the use of chloroform in obstetric practice. Professor Barker's paper was read before the New York Academy of Medicine, and elicited considerable discussion. Dr. G. R. Gilmore makes the following remarks upon the subject. We quote from the *American Medical Times* for Jan. 18th:—

"It is now, sir, that I take the opportunity of saying that the experience that I have had with chloroform, and I have used it almost exclusively in obstetric cases, has compelled me to say, as the phrase has it, 'ditto to my friend.' In every one of the propositions that he makes I have no hesitation at all in saying that my experience has taught me to prefer chloroform to ether. I have no doubt, no hesitation in the world in saying that, as often as I have given this agent, both in natural labor, in difficult labor, or in the various complications of the process, I have never seen evil effects follow its use. *Never once!* As to the want of contraction after labor, which has been very much insisted upon, I can only say that

I have never seen such a case. Nervous perturbations may exist, but I have never seen them. In short, I have arrived at this conclusion—I, as at present advised, will not apply forceps without using chloroform!—point blank, will not! If I am overborne in the consultation, and cannot help myself, then I say I cannot operate. When I have such an agent as chloroform, which, as I believe, not only relieves suffering, but increases, by far, the chances of the patient's recovery—when, I say, I have such an agent at hand, my conscience will not let me go on without it and operate, when I know that I could do so much better with it. I know, if I know anything, that the chances of recovery from its use are very much augmented."

Chloroform, we think, is destined almost, if not quite, to supersede ether in midwifery, and we have no doubt that it might be much oftener used than it is—relieving much of the suffering incident to child-bed. In the country, we think, it is but rarely used, except where operative procedures are demanded.

LITHOTOMY IN CHILDREN.

In the *American Medical Times* for January 25th, Dr. C. K. Briddon reports several cases of lithotomy in children, with remarks. In one case the operation was complicated by an accident that, he thinks, must frequently occur in children:—

"In these subjects, the bladder lies high, the parts are mobile, and apt to recede before the finger, pressing its way onward toward the organ; under such circumstances, the neck of that viscus may be easily pushed over the end of the staff, leaving the operator without a guide. I think this may be obviated by the surgeon taking the staff in his left hand at this point, depressing its handle so as to maintain its point fairly within the bladder during the introduction of the right index finger through the prostatic portion of the urethra."

FERROCYANIDE OF POTASSIUM.

In the *Lancet and Observer* for February, Dr. S. F. Newcomer has an interesting article upon the *prussiate of potassium*, and its therapeutic employment. Dr. Newcomer has used the article for *nineteen* years, and he relates his experience with such apparent candor, and claims so much for the new remedy, that we shall take the liberty to quote liberally from his paper.

Of suitable cases for its use, he says:—

"I will now give, in a few words, the class of cases in which this medicine was first used: invalids, the largest number females of enfeebled habits, relaxed fibre, languid digestion, flatulent, sour stomach, sleepless, and the train of varied symptoms usually attending such a state of the system. Prominent among others is pain, more or less severe, in the stomach and bowels, in the nerves of the face, forehead, etc., but more severe and constant in the head. The bowels may be regular or contrariwise; pulse often too quick; always irritable, easily excited, and seldom regular for any length of time; hands and feet cold, or inclined to be so, etc. etc. Such cases often gave me much trouble. Anodynes might afford relief for a time, but the distress caused in other respects is often a bar to their use. Tonics would heat the system, dry the tongue, and excite fever; the usual alterative of little or no effect, and a judicious course of diet and general hygienic rules rarely persisted in long enough to secure good results.

"After correcting any marked lesion of function of the liver, stomach, or bowels that might exist, I would give prus. potassium, 3ij; ext. glycyrrhiza, grs. x to xxx; aqua pura, f℥ij. Dose, half to a whole teaspoonful, every three to six hours, according to the violence of the symptoms, or the promptness of the remedy in relieving them. It may here be said that the preparatory treatment did the work, but on this point I made many satisfactory trials, and, for years past, I give the potash as the first and only medicine used in the case.

"Females run down from lactation often present the train of symptoms above described. To many patients in this condition two or four ounces of a solution of prus. potassium would be all the medicine given, and yet speedily cured. Some stomachs reject the glycyrrhiza, and then the formula I use is: Prus. potassium, 3ij to 3iv; essence of peppermint, gtt. x to xxx; aqua destillata, f℥iv. Dose, thirty to sixty drops, in elm-bark or gum-arabic mucilage, and water. Some take the medicine as it is in a little water.

"It is now nineteen years since I began the use of the prus. potassium, and have given it as often as any one preparation of the materia medica, and yet I do not think there was over ten or twelve persons met with who could not take it on account of any unpleasant effect on the stomach, bowels, or head.

"Hundreds are tortured with headache, complaining of no other symptom. Eight out of ten cases of this kind I cure or greatly relieve with this salt, given in one of the preceding formulæ. Neuralgic pains of the face, head, or other regions, are often promptly cured by it. In all cases of this nature, the prus. potassium is depended on. A very intelligent lady, who had for a long time suffered much with headache, said this medicine was essentially a headache medicine, it often giving relief from a severe pain of the head in thirty to sixty minutes, without vomiting, purging, or disturbing effects.

"As a stomachic or invigorator of digestion, and hence a tonic, it is in my hands oftener used than all other remedies, and with more success."

He further adds:—

"I have found this medicine most valuable in some cases of *asthma*, and cured two cases of long standing. One patient, a man aged forty-five to fifty, had been under treatment by all kinds of doctors and quacks of every hue for four or five years, reduced to a skeleton. I tried many remedies, but cured him at last by prus. potassium.

"In epileptic fits of children of four to eight years old, it is my best agent to correct the deranged system generally, putting it in a good condition for other medicines. It often prolongs the return of the fit; and in a case now under treatment, a boy six years of age, it bids fair to effect a cure.

"In that peculiar type of neuralgia called 'sun-pain' by the people—the pain coming on in the morning, reaching its intensity between 12 and 2 P.M., and then declining till it ceases at night—several well-marked cases were cured in twenty-four to forty-eight hours, using only prus. potassium. Previously I had to purge freely, then give large doses of morphia, opium, camphor, cannabis indica, quinia, iron, etc. etc., and sometimes blisters—the affection, in some instances, holding out from four to twelve days."

Dr. Newcomer details a very interesting case of a female, aged about thirty, that had been for a long time under treatment without benefit, that was promptly relieved and finally cured by the prus. potassa. We have not space for the case in detail, but will quote the more prominent symptoms:—

"She appeared bloodless—so pallid and anæmic a person I had never encountered—the whole surface, lips, gums, tongue, and fauces whiter than I had ever seen before. Her pulse ranged from 100 to 150—it could not always be counted; tongue clean, moist, and white; skin dry, at times very hot and then very cold without being in a chill; hands and feet always cold; bowels very torpid, requiring active and oft-repeated doses, and the syringe, to secure a motion; stools clayish, then ashy, again natural, and then black as tar. Large quantities of limpid urine passed daily; urinating caused intense pain, often agony; the urine was at times mixed with blood, then large lumps resembling organized flesh more than blood coagula. Menstruation irregular, the fluid colorless, and at times very painful. The womb prolapsed; vagina and urethra ulcerated—a dry, tetterish-like ulcer with great heat, the abrasions extending over the labia major, perineum, and around the anus. Abdomen full and doughy; and besides the pain of the vagina and contiguous parts, she suffered pains in every region of the body; but the greatest of all was a pain that came on at intervals, sometimes once, often twice in twenty-four hours; it occasionally intermitted one day; at long intervals she was free from it for forty-eight hours. It began in the os coccyges, slowly extending over the pelvis and up the sacrum, then along the spine till it reached the head; the pain passed to the head in from two to three hours after it was first felt in the pelvis; as it traveled up the spine it grew in severity, till it reached the culmination in the head. The hair has turned quite gray since the pain of the head."

This lady had been bedridden for years, all the time in the doctors' hands. Changes of physicians had been frequently made—regulars and irregulars having had about an equal chance to try their skill; but, so far, all medication had proven of but little or no avail. Dr. Newcomer undertook her case, and for nearly a year he labored diligently, taking great interest in the case, but with no better result than his predecessors. It was at this stage he commenced with the prus. potassa.

"The effect of this remedy was not only good, but promptly so, and to an incredible extent. Four days after the first dose, Mrs. R. said she had now a remedy for her case. In three weeks the vaginal disease was perfectly cured, and measures taken to correct the prolapsus uteri. In thirty days the pulse was at the normal point, nor did she ever again endure that severe pain of the spine and head, but that a dose of the potassium, taken at its onset, would arrest it in twenty to forty minutes."

The dose of the medicine was rapidly increased to fourfold the original dose.

TREATMENT OF CUT AND THRUST WOUNDS OF THE INTESTINAL CANAL.

In the *Lancet and Observer* for February, Dr. B. Weber has an article upon the treatment of cut and thrust wounds of the intestinal canal. At the present time, when the casualties of actual warfare are matters of daily occurrence, anything concerning the treatment of such casualties becomes of unusual interest to the surgeon. Though hundreds of thousands of our countrymen are duly armed and employed to kill, maim, and wound—in other words, to inflict these "cut and thrust wounds," whether of the "intestinal canal" or elsewhere—it is the surgeon's humane duty and privilege to frustrate the designs of the soldier to the full extent of his ability, and save as many lives as is possible that may fall into his hands thus wounded, whether friend or foe. In view of the timeliness and importance of the subject, we shall make a lengthy extract, embracing the most important ideas of the paper.

"Privately, as well as in public institutions, experiments have been made on dogs, sheep,

calves, hogs, etc., to ascertain the condition of the intestinal canal after receiving a cut or thrust wound. In no case, except where the canal is transversely and entirely severed, a separation of the edges of the cut takes place immediately after the lesion. It is all the same whether the wound be longitudinal, transverse, or oblique, they all close themselves by the combined action of the longitudinal, transversal or spiral muscles of the intestine, and adhere for twenty-four to thirty-six hours, and even longer, after the lesion, while in the mean time the edges of the wound form a lip-shaped swelling. Inflammation here ensues, with exudation of plastic lymph from the serous membrane of the intestinal canal. This plasma agglutinates the edges of the wound and unites them with the adjacent portion of the intestine not wounded, and which, like a plaster, overlaps the neighboring wound. Not earlier than on the second or third day, in the proportion as the increased inflammation forms into suppuration or mortification, the separation of the wounded edges and the fatal effusion of the contents of the intestinal canal into the abdominal cavity takes place. It is this above described condition of the intestinal canal and the successive appearance of pathological phenomena which the surgeon has to make use of for his healing plan, and which give him the indication for the mode of treatment. His first object must be to prolong as much as possible this primitive subinflammatory condition, during which exudation of coagulable lymph only prevails, and to make it continue until the lymph has organized itself and a firm adhesion of the edges of the wound has taken place, which seldom takes more than from eight to twelve days. To be sure of success, it is necessary that the physician, as soon as possible after the lesion, gets the patient under his charge, while it is still possible to confine the inflammation of the wound and prevent its farther development, and to keep it and have it remain in such a state as is favoring organizing plasticity, and which operates against a farther development of inflammation. To attain this, according to my experience, we have to resort to the early application of frigidity, which is to be continued in proportion to the intensity and continuance of inflammation, and than which no agent of chirurgical jamotology is more commendable. The antiphlogistic action may be explained by the circumstance that the vessels of the inflamed part contract, and thus the flow of blood to the irritated and inflamed portion is kept off and the developing heat absorbed.

"Whenever a physician is called to a case of wound in the abdomen, first of all he has, according to well-known rules, to replace the intestines which may protrude, and to bring the wound of the intestinal canal as much as possible into a corresponding situation with the external wound. If the intestinal canal is wounded without any intestines protruding, but from the depth the weapon penetrated, from the odor attached to it, and other circumstances, a lesion must reasonably be supposed, it is not necessary, ay, it is even injurious, to institute closer examination, either with the probe or the finger, in order to find the wound and to attempt its union. This union takes place of itself by the contraction of the muscular membranes of the intestine, and the compression of the abdominal walls against the intestines generally. In such a case, if necessary, only the external wound is to be united by one or more stitches to prevent protrusion of the intestines, and cold applications have to be resorted to immediately, either by compresses dipped in ice-water, large enough to cover a large portion of the abdomen, or by a bladder filled with snow or crushed ice. Where ice or snow cannot be had, Schmucker's fomentation may be applied for this purpose: R.—Kal. nitr. ℥ij; ammon. mur. ℥ss; aq. font. frig. lb. iv; acet. vin. lb. j. By this mixture an artificial coldness is produced, which in a measure is a substitute for ice.

"These cold applications have to be continued for six to eight days, first without interruption, after awhile in intervals in proportion to the diminishing tendency for inflammation; and whenever there is any appearance of an increase of this tendency, by the compresses getting warm sooner, and more heat appearing around the wound, they are to be repeated. The application of cold has to be done to such an extent that exudation of coagulable lymph takes place, and the healing of the wound can be obtained by first intention. In the judicious application of the proper degree of cold, and the extent of its continuation, consists the whole art of the surgeon—to attend to this particular duty."

LEAVES OF THE RICINUS COMMUNIS AS A GALACTAGOGUE.

In the *American Medical Times* for January 11th, Dr. Wm. Gilfillan has an article upon the above subject, and relates an interesting case, illustrative of the efficacy of the remedy as a galactagogue.

In the case quoted, the patient had been previously confined at full term; no milk being secreted at the usual period, various measures were employed to excite the mammary glands to secrete milk, but all to no purpose. At her second accouchement, the breasts again failed to secrete milk; five days and no secretion. At this stage the author says: "*It was now evident the breasts would not secrete milk as a natural function, nor by the stimulus of any of the means heretofore employed.*"

It was at this stage that the leaves of the ricinus communis were employed; a poultice made from the leaves was applied to the breasts, and a fluid extract, also made from the

leaves, was administered in teaspoonful doses, three times a day.

"About two hours after the poultice was applied, and the first dose taken, she experienced a strange sensation in the breasts, and this increased after each dose of the medicine. Although the milk came pretty freely, the breasts were still small. The poultice was not renewed, as I had used up the supply of leaves; but the extract was taken in the same dose for two days more. The second day of taking the extract, the secretion became quite abundant; the breasts began to enlarge, and continued to do so for two weeks."

From that time the secretion continued; the child thrived remarkably well without any other nourishment. "The extract had no *purgative* or other appreciable effect that I could observe. There was no acceleration of the pulse."

It is often of great importance to be able to increase the secretion of milk in the human female, and we think it is quite probable that the leaves of the castor oil plant, when used locally, and administered internally, possess this power in a marked degree. The evidence in its favor is certainly such as should entitle it to a thorough trial. The galactagogue properties of the article under consideration is not a novel idea, neither does Dr. Gilfillan so regard it.

Some time ago, a London medical journal called attention to the leaves of the ricinus communis, and claimed for them the same properties here attributed to them. In the *Medical Times and Gazette* for 1859, Dr. Routh published his experience, which was in strong confirmation of the properties claimed for this agent. Drs. McWilliams and Tyler Smith have also confirmed the above-mentioned opinions. In the *American Medical Times* for April 20th, 1861, A. Cushman, pharmaceutist, New York, also called attention to this article and the properties claimed for it. He also prepared a fluid extract of the leaves imported from the West Indies, a quantity of which extract and leaves he very generously offered gratuitously to any of the profession who might signify their wish to give it a trial; respectfully requesting that such would report the results of any experiments with the leaves or extract.

PYROPHOSPHATE OF IRON.

In the *Boston Medical and Surgical Journal* for February 6th, Dr. E. N. Chapman, of Brooklyn, has an interesting article upon the pyrophosphate of iron, or what he more correctly calls the citro-ammoniacal pyrophosphate of iron. He says:—

"The pyrophosphate is friendly to the stomach, will never cause any irritation of the gastric surfaces, and, to our knowledge, has never disagreed with any patient, however incompatible the other forms may have been. Besides, it appears to possess a tonic power, and will restore the appetite and digestion after the failure of bitters, quinine, wine, etc. often in extreme cases of anæmia, amenorrhœa, and chlorosis, as we have witnessed in many instances in our obstetric clinique." * * * "For all the varied and anomalous symptoms of hysterical patients, which are usually some phase of irregular distribution of the nervous influence, the pyrophosphate acts with singular efficiency; diffusing and equalizing the nerve-power, and thus secondarily restoring a more active capillary circulation, and a more healthful play of all the functions."

Dr. Chapman reports several very interesting cases illustrative of the efficacy of the remedy, but we have not the space for further quotation.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JUNE 28, 1862.

MECHANICAL SURGERY—COMPENSATORY ART.

It is comparatively few years since attention has been specially directed to mechanical surgery. A comparison of the bungling, clumsy surgical appliances used ten years ago, with those now in common use, will show how rapidly improvements have been introduced and adopted, and how vastly simplified are all the processes of mechanical surgery. The surgeon will now improvise his splint from the "twigs of the wilderness," and apply it with such skill and art as to leave no doubt of a perfect cure and a good limb as the result. Years ago such a surgical dressing for a fracture would have subjected the surgeon to ridicule, if not to expulsion from the pale of legitimate medicine. But the lesson is now inculcated that simple, impromptu appliances in surgery are often the most effectual in producing the end desired, and that no surgeon is justified in sacrificing the comfort or well-being of his patient to his predilection for a particular appliance in dressing.

But in the compensatory art or the manufacture of artificial limbs, the most rapid progress toward perfection has perhaps been made. The

"wooden peg" was the best artificial leg known in the time of Ambrose Paré. This unsightly excrescence gave place to the Anglesea, and the latter to still greater improvements, until such is the perfection which this branch of mechanical surgery has now reached, that an inexperienced observer will find it difficult to decide, from the symmetry of the limbs and the perfection of their movements, which is natural and which is artificial. It would seem that in all essential particulars invention could produce nothing more perfect or better fitted for the purpose designed.

Humiliating as may be the fact to one of the most enlightened professions of the age, it is nevertheless indisputable that this branch of surgery owes its perfection to individuals who have never received the *summun bonum* of professional honors in the title of Doctor in Medicine. However much a knowledge of the principles and practice of the surgical art may aid in perfecting an artificial limb, however broad and inviting and open the field has been for gathering new laurels and new honors to our noble profession in inventing appliances to supply the loss of limbs by disease and by war, still (unless it be the Anglesea leg) no member of the medical fraternity has entered this unoccupied arena. The incentives have been great, but not sufficient to induce even the less eminent surgeons to devote a moment's thought to the subject. It has been left to those entirely disconnected with the profession. The Anglesea leg was improved by Selpho, and it has the enviable reputation of years. The distinguishing feature of the Bly leg, as also that more recently adopted by Selpho and applied to the Anglesea limb, is said to be the discovery and application of a mechanic now residing in New York City. That of Hudson is, in all its essential particulars, the invention of Mr. Palmer. Neither of these gentlemen are graduates of any medical college, yet the latter has not only produced the best artificial limb in all respects the world has ever seen, but he has also revolutionized, confessedly, the practice of amputations, especially of the pedal extremities. To-day, in our standard works upon surgery, and in the practice of our hospitals, "Palmer's place of election" is the recognized law of amputations. First enunciated in 1846–7, opposed vehemently by many leading surgeons, these suggestions have reached the altitude of a decision from which no one appeals, in which all now acquiesce. So thoroughly intrenched are they in the practice of all our surgeons, that all attempts to elaborate them in language slightly altered, as something new and original, or to initiate any absolute improvement upon them must utterly fail.

The artist in this department of mechanical invention seeks to imitate rather than perfect nature, and the more nearly his mechanism shall correspond with that of the great Architect, the better will it perform its appropriate functions. Or, artistically speaking, the more nearly the artificial shall resemble the natural in its symmetry of form, as well as movements, not only the more valuable will be the invention, but the greater will be the triumph of art, and the more certainly will such an artificial limb commend itself to the unfortunate who need them. To these points, so important in a mechanical and an artistic point of view, the surgeon, until more recently, has paid no regard. The rule of amputation formerly recognized as being the most certain, to prove successful, was to make the point of election, *cæteris paribus*, the farthest possible from the centre of arterial circulation; and hence many unsightly stumps, only designating a deformity, were made, and if an artificial limb were applied, it still increased the deformity by adding to it a bungling piece of mechanism. As a remedy for this sore disfiguration of humanity, the surgeon-artist, combining artistic taste with mechanical skill and ingenuity, suggests the appropriate place for making the amputation, and the surgeon adopts it. Both thus join hands in the great work of compensating for the unavoidable mutilations of the human frame. And thus is made one of the triumphs of the age in which we live, consummated by the combined skill, art, and experience of the surgeon and the surgeon-artist; the regular practitioner of surgery and him who has reached his honorable title and position by the worth and beauty of his artistic invention. A mutilated arm or leg need be a deformity no longer. The surgeon-artist will supply the deficiency so completely that close observation will be required to recognize it.

HOSPITALS FOR SICK AND WOUNDED SOLDIERS.

If any one circumstance more than another indicates the feelings of the people in regard to the war now waging for the Constitution and the Union, it is the enthusiasm with which they enter into arrangements for the care of the sick and wounded. The ink is hardly dry upon the paper on which it

is announced that measures are to be taken by government to send the wounded from the battle-field, and the sick from the overcrowded hospitals as near to their homes as possible, ere hospitals ready provided for their reception spring up on every hand. In this city the hospitals are entirely under the direction of the government, and additions to the number already in existence are constantly being made. A large number of soldiers have been already sent here, and more are to arrive. The preparations are extensive and complete. In New York we are glad to notice a waking up to the matter, and that ample provisions are now made for all who arrive there. At the hospital on Staten Island 400 men can be taken care of. The Commissioners of Charities and Corrections have beds prepared for the accommodation of 1000, and the Commissioners of Emigration have testified their willingness to have 2000 placed under their care. Besides these, a large number of men can be nursed and properly attended on Riker's and David's Islands, and at the hospital in Madison Avenue. Those men that are not so dangerously wounded, and are simply passing through the city on the way to their homes, receive every attention at the Park Barracks, and at the New England Relief Association, No. 194 Broadway.

The hospitals at Brooklyn are also thrown open to the reception of the sick soldiers. We believe that a large number were landed at that place last week, under the charge of Dr. Bauer. Large numbers were also sent to Albany, and are under the charge of eminent surgeons there. Indeed, the cities of the whole North seem vying with each other to see which shall do most for the wounded soldier. As yet we are satisfied that Philadelphia takes the lead in this great humane movement, just as she takes the lead in everything relating to legitimate medicine or medical schools. We do not desire to boast in matters of humanity, for Philadelphia is only doing her duty faithfully and well, but our sister cities will do abundantly more than they yet have, if they excel the City of Brotherly Love. In our vicinity we learn that the government are fitting up hospitals at York and Carlisle, and that the large hall on the Agricultural Fair Grounds, in Reading, in this State, has been fitted up, by order of government, for a military hospital, and is now ready for the reception of sick and wounded soldiers. Cots, with comfortable beds and clothing, have been provided for about 130 patients. The implement house will be used as a store-room, and for cooking purposes. It is well filled with dried and preserved fruits and articles of clothing for the sick, all of which are the contributions of kind-hearted ladies and liberal citizens.

The building at Upland, near Chester, built by Mr. J. P. Crozer, and known as the Normal School, will be ready in a very short time for the reception of a very large number of sick and wounded soldiers. The ladies of Delaware County have formed an association for the purpose of providing such necessaries and comforts as are not supplied by government.

The hospital at Newark, New Jersey, is also being fitted up by the government for the reception of several hundred patients. It is under the direction of Drs. J. B. Jackson and I. A. Nichols, who have been appointed Assistant Surgeons. The kitchen department is under the management of the ladies of Newark, who assist in completing the comfortable arrangements for the patients. After their repast the convalescents are allowed to lounge and read the papers in this room, which in dimensions is so nearly like all out-o'-doors, that no interference with the table serving is consequent. We congratulate Newark upon having a bona fide hospital in its midst at last, and feel confident that those who are placed in it will receive every care and attention which humanity or sympathy can bestow.

EDITORIAL NOTES AND COMMENTS.

Firing on Hospitals and Surgeons.—It has been mentioned as one of the peculiar atrocities of the war in which our country is now engaged, that surgeons and their assistants were fired upon while engaged in their humane avocation of dressing and attending the wounded upon the battle-field. Until recently, no like instance had come within our knowledge in any war ancient or modern. In his work on military and camp hospitals of the Crimea, now just issued from the press in this country, Surgeon Baudens mentions an instance in which the Russians opened fire upon the French surgeons and their attendants while they were employed in attending the Russian wounded. This occurrence took place after the battle of Trakter, and made sad havoc. A similar instance occurred after the battle of Inkerman, but the Russian Government hastened to disapprove of these barbarous acts, and to

make such atonement for them as was in their power. To render such mistakes impossible, Surgeon Baudens suggests the adoption of a distinctive badge, alike in all nations and easily recognized by all parties, which shall distinguish the site of all hospitals, the locality of surgeons and their attendants upon the battle-field, and be worn upon their persons as a sacred mark. The suggestion is worthy of consideration, and its adoption would form a new era in the history of warfare and lighten up some of the gloom and horror which now settle down upon the battle-field.

Unconditional Release of Surgeons.—It will be remembered that when the Confederate army entered Winchester, the Union Hotel Hospital, with its surgeons and assistants, (eight,) its attendants, nurses, and inmates, all fell into the hands of the Confederate General Jackson, as prisoners of war. So far from destroying the hospital, as at first reported, he directed Brigade Surgeon Peale to continue in charge, and was informed that all the Federal sick and wounded would be placed under his care. Surgeon Peale accepted the position, and the labors of the hospital were, as before the capture, performed with devotion and skill. The Confederate general went a step further, and has presented an example which is not only worthy of record, but also of imitation by the whole civilized world, in warfare. The surgeons and assistant surgeons were "unconditionally released" upon their "parole of honor," "to report in person singly or collectively to the Secretary of War at Washington as such," at the same time pledging themselves to use their "best efforts that the same number of medical officers of the Confederate States army, now prisoners, or who may be hereafter taken, be released on the same terms," and "to have this principle established," viz., "the unconditional release of all medical officers taken prisoners of war hereafter."

Comprehending the humanity and magnanimity of this act of the Confederates, and in accordance with it, we observe it is announced (not officially, however,) that the Secretary of War has not only unconditionally released all the medical officers of the Confederate army, held as prisoners of war, but has directed that all those officers hereafter taken be also unconditionally released. We are pleased to record this action on the part of the powers at war, and regard it as an important step toward the recognition of the surgeon upon the battle-field, not as a partisan or a belligerent, but as an angel of mercy, commissioned to meliorate the woes of humanity.

Law against Swill Milk in New York and Brooklyn.—The new law to prevent the adulteration of milk, and the traffic in it, went into force a few days since in these cities. The dealers in pure milk very generally complied with it, but those who sell the poisonous mixture, known as swill milk, as generally failed to comply with it. In consequence many arrests were made by the police, who were on the alert to enforce its provisions. The parties arrested were taken before the nearest magistrate, and, on pleading ignorance as to any such law having been passed, and of its requirements, were either discharged or sentence suspended, to give them an opportunity to mend their ways. In Brooklyn, it is said the law will be strictly enforced, and, as a consequence, the business of these venders of unwholesome wares will be ended. In New York, there seems to be a "kink" in the proceedings. The violators of the law are promptly arrested, and taken before a magistrate, but, for some unaccountable reason, their names are suppressed, and they are discharged, the plea of ignorance generally sufficing to save the penalty. Of this the police complain, and justly too, and the result will be, unless the magistrates shall do their duty, that the people of New York City will be left to the mercy of the swill milk venders still. Indeed, the sale of adulterated milk has grown to such dimensions there that it is a gigantic evil. It is intertwined and interlaced with other branches of business, alike destructive to health and to life, so that many interests are at stake in the enforcement of this law. It is said the swill sold for cows has been, for years, the most profitable part of the whisky business, and that the destruction of this source of revenue, together with the tax on whisky proposed by Congress, will leave no margin for the manufacturer and distillery proprietor, and they will be compelled to invest their capital in more respectable business. The government tax on the manufacturers of one distillery will amount to $800 per day, it is said. *O tempora! O mores!* Have we not fallen upon strange times truly, when health and life are held subservient to the claims of a business which is itself one of the most fertile sources of disease and death; when avarice and cupidity shall be

allowed to deal out "firebrands, arrows, and death" among the innocent and unoffending, and the magistrate, whose duty it is fearlessly and impartially to enforce the penalty of a just and righteous law upon all offenders, winks at the violation! Shame on such administration of law! "Tell it not in Gath, publish it not in the streets of Askelon; lest the daughters of the Philistines rejoice, lest the daughters of the uncircumcised triumph."

"Plea of ignorance of the law!" Well do the police of New York say, "the swill milk dealers understand the law better than most of the magistrates."

CORRESPONDENCE.

Domestic Correspondence.

CAUSE OF EPILEPSY.

MESSRS. EDITORS:—I promised in my last to speak of a more *delicate* matter in my next, viz., *self-abuse* of females as an *exciting* cause of epilepsy. I have already said these are subjects "not to be named" in common books, but in medical ones only. In vol. xiv. of the *Charleston (S. C.) Medical Journal*, 1859, pages 746–756, I reported at full length a case of a young female that came under my treatment. I cannot now restate this case; but refer to it, because many of your readers, doubtless, possess the volumes of that valuable journal, which, since the present *rebellion*, has ceased to come North; and, doubtless, ceased to live, like many other good things which the now rebel States once possessed. She was in my institution, under treatment, ten months; and then returned to her home *much better*, but not wholly well. I was once skeptical as to the habit of *self-abuse* abounding among females to the extent which has since been forced upon my conviction, and also as to its pernicious consequences. But an experience of many years in a class of diseases where its effects are very apt to be exhibited, has led me to believe that it is a practice of frequent occurrence, and of the most deleterious results.

This patient acknowledged she had been addicted to this habit from nine years of age. She was now fifteen; but said she did not know that it was wrong, or in the least injurious. The *mammæ* were developed to an astonishing size, as large as those of an Irish woman's (who have been called the best nurses) that gives suck; and, on examination, *par vaginam*, showed the *viam uteri* unusually large, even *per matrem decem puros*.

Here was a young lady, in a very worthy and pious family, having all the comforts of life—her father and mother both professors of religion, and, what is still more, she herself a member of a Christian church; yet, despite all these moral influences and restraints, she had been unremitting in a habit that had ruined her health, and induced one of the sorest maladies that "flesh is heir to."

Passing from this case at present, I will refer to another. A gentleman requested me to come and see his two daughters, both of whom had *epileptic convulsions*, aged, respectively, sixteen and fourteen years. I took a long journey to visit them; and upon conversing with the eldest in private, kindly inquired if she had been addicted to a habit of the kind now under consideration. She frankly replied that she had. For how long? "I can't say exactly, but from a child;" and, she added of her own accord, "to produce a sympathetic pleasurable sensation between the parts of generation and the mammæ, she had often picked and pinched the latter till they bled." The sister was also addicted to the same habit.

Many cases of a similar character I have seen, and the story of one of them is the story of them all.

The convulsions in these young females, induced by this habit, so far as my experience has extended, have all taken place *in the night*. For some time this was inexplicable to me. Why they should come so regularly in the night, and never occur in the day, I could not tell. But one of this class of patients stated to me the following:—

"I manage with myself till the pleasurable feeling becomes greatly excited; and when it seems to be at its height I am lost, and know no more till I awake and find some one by my bedside, who tells me I have been sick."

Now, that this is the immediate exciting cause in all these cases is not at all probable; but it may account for many of them. The cases of this character (attacks thus induced by a long continuance of this practice) have been with me the most difficult to cure. As a general thing, where young girls have epilepsy, or *epileptiform* attacks from some abnormal *catamenial* condition I have succeeded in removing them without much

difficulty. But in cases like those here named, a long course of treatment has generally been necessary; and then it has not always proved successful. I suppose the following may be among the reasons: *Some will continue the vicious practice that induced the attacks, and such cases are hopeless.* In others, the convulsions seem to continue, from the mere force of habit, after the exciting cause has ceased.

"Nature advances, never leaps."

In epileptic patients from this vice, when they are taken early and properly treated, and the evil habit which has been the immediately exciting cause of them abandoned, recovery will be pretty certain. But when the vile practice has continued long, the convulsions been frequent, the whole nervous system become shattered, and the mind essentially impaired, a favorable *prognosis* can rarely be given—the case is hopeless. Still, I have seen a few cases where the recuperative powers of the system have exceeded my expectations, and perfect recovery has resulted when I scarcely dared predict such a favorable termination. So that if the patient, male or female, *self-abuser*, will abandon at once and forever the practice, and come within reasonable bounds of *regimen* and *medicine*, a trial ought to be made.

After all, these cases *from self-abuse* will ever prove, in my judgment, hard to remedy; and yet I have seen too many such recoveries to despair.

I believe more nervous irritation and debility; more epileptic convulsions, nervous spasms; more idiocy and insanity, especially among the young, arise from *the one source, self-abuse*, than from all others combined. The *reports* from the physicians and superintendents of our alms-houses, asylums for the insane, and idiotic schools, especially in New England, I think confirm this opinion.

What a field, then, here opens for moralizing! When will the physician find another that equals it? What is his duty in the premises? These are important questions for him to solve.

The writer does not hesitate to say, from a not very short life or experience, that the *medical profession as a class* have done more to promote the health, happiness, longevity, and temporal welfare of the community, *gratis*, than any other class. Their labors are generally but poorly compensated. Still, the physician—the good, "the beloved physician"—labors on, and is found in the front rank in all sanitary measures, educational movements, and benevolent and philanthropic undertakings.

After saying this much in favor of the profession, I am constrained to add, I think generally they have not sufficiently inquired after the one vice now under consideration. The physician should be a gentleman above suspicion—never capable of rudeness or indelicacy—assuredly avoiding anything that would lead to an impure thought. If, as the "family adviser" in their private and delicate relations, he mentions matters of this kind to others, he is not merely unfit for the station he holds, but deserves to be expelled from the *faculty*, and excluded from good society. Can he be faithful to his patient, and yet preserve silence upon the subject of this paper, when he believes, or has reason to suspect even, that such a habit lies at the foundation of the malady he is called to relieve? The inquiry, of course, should be made with great tenderness; and the patient and friends should understand that it is made for no other purpose than to be the better able to point out the only course that can result in restored health. When the inquiry *is thus* made, I believe the patients and friends of the patients would be rare who would object. But suppose they should become angry, and say "such an inquiry is a vile insinuation against the honor, integrity, morality, and standing of the family." Still, I think, duty impels him to make the inquiry; and a consciousness of having done his duty, would more than compensate the loss of any such family.

Wm. M. Cornell, M.D.

VERATRUM VIRIDE.

Holyoke, Massachusetts, June 25th, 1862.

Messrs. Editors Reporter:—My attention was called to an article in the May thirty-first number of the Reporter, in which there is an effort to show that the veratrum viride is a dangerous remedy. I have not seen the report of cases, referred to in the *Medical Gazette*. Yet, as I have used the "veratrum viride" very considerably in my practice for the last four years, and especially in that form of disease called typhoid pneumonia, I cannot but think the assertion a very improbable one, that in one year it has caused more deaths than chloroform has since its discovery. In elucidation of this position, I send you a report of a case treated by veratrum viride, the dose of which, by mistake, was larger than is generally recommended.

Patrick H., a large, well-built Irishman, about forty years of age, after exposure on the 20th of

February, 1860, was taken in the evening with severe chills, followed by high fever. I first saw him about 10 A.M., the twenty-first; his face was of a dusky red color; pain in the side; delirious; sputa viscid, dark, "prune juice" color; tongue furred with a yellowish coating; pulse 140; respiration 42 per minute. I directed a few grains of pulvis antimonialis every four hours, in a little warm gruel, a mustard poultice to the side, to be changed about as it became reddened in one place, and five drops of veratrum viride every four hours, alternately with the powders, to be given in toast-water, with some other minor directions. About nine o'clock in the evening, I was summoned in great haste to the patient, who it was said was dying. I found him extremely depressed, had vomited very large quantities of viscid, greenish, cold matter; his pulse was 40, respiration 12 per minute. On looking at the half-ounce phial, which I had left full of the veratrum, it was nearly gone; his wife said they had given it just as I had directed, a teaspoonful every four hours, three large teaspoonfuls in twelve hours. I immediately commenced giving him ginger tea freely, and divided one grain of morphia in four parts, and gave a quarter grain in the tea, at once; remained about an hour, repeated a quarter grain of morphia, and left him, with directions to give him no *more medicine*, but to let him sleep. The disease was broken up; he was very comfortable the next morning. I saw him in the street a day or two afterward. Here was a case where the veratrum viride had reduced the pulse 100 per minute. Given by mistake in such large doses, it caused extreme depression and excessive vomiting, yet the patient readily rallied. I should like to be able to relieve a patient from the depressing effects of tart. emet. as speedily.

The writer of the article referred to, asks triumphantly, "who now regards digitalis as of any value in consumption?" I answer, I do; not because the disease *is* phthisis, but because in the case for which I would prescribe it, an arterial sedative is required. I might prefer veratrum, as I deem it safer and more manageable. I would ask your correspondent, if he had ordered five drops of solution of arsenite of potassa, or strychnia, or aconite, or opium, or belladonna, or any other potent remedy, and by mistake a proportionate quantity to the veratrum had been given, would the result have been likely to have terminated so favorably? I regard the entire safety of the veratrum, given in any quantity, to consist in its emetic properties.

In conclusion, allow me to say that I heartily concur with the "forty witnesses," and in the State of Massachusetts, think there are five hundred more witnesses who would bear equally favorable testimony to the value of veratrum viride, *as an arterial* sedative, and also of its entire safety. Nothing more is claimed for it by its warmest advocates.

Yours truly,

A. BRYANT CLARKE.

Army Correspondence.

FLOATING HOSPITAL, LOUISIANA,
NEAR ALEXANDRIA, JUNE, 1862.

EDITORS OF THE MEDICAL REPORTER:—On the 26th, at half-past five P.M., a train left Savage's Station for White House, loaded with about 150 wounded soldiers. These arrived at White House Landing at six P.M., and by ten o'clock were safely transferred on board the steamer Louisiana. During the afternoon and evening of the day following, 160 of the sick from the General Hospital at White House were also taken upon the same steamer, making in all some 300 sick and wounded patriots.

The medical staff of the Louisiana was composed of the following gentlemen: Chief in command, Brigade Surgeon McRuer, of Maine; Assistant Surgeon J. H. Case, of New York City; F. Pfieffer, of Philadelphia; Assistant Surgeon James Matlack, of Chester County, Pennsylvania; and Acting Medical Cadet C. H. Stubbs, of Lancaster County, Pennsylvania.

Previous to sailing from White House, two operations were performed by Surgeon McRuer, as follows: amputation of the arm at the shoulder-joint, and amputation of the foot, Syme's operation. The former was performed on account of a gunshot wound, which had fractured the os humeri near the junction of the upper with the middle third. The ball (Minié) had entered the anterior surface of the arm, about two inches below the shoulder-joint, passed obliquely downward and inward, fracturing the bone, and severely lacerating the soft parts, passing out near the elbow. The foot of the other patient was lacerated by a ball passing through it, entering at the dorsal surface, comminuting, and carrying away three of the metatarsal bones. Inflammation having set in, and considerable sloughing having taken place, the foot was removed at the ankle-

joint. Both these operations were performed in a brilliant manner by the veteran surgeon, who was assisted by Drs. Case, Pfieffer, Matlack, and Acting Medical Cadet Stubbs.

Two of the soldiers, soon after being placed on board, expired, one dying from shock, the result of a severe gunshot wound in the right hip. There being no time to spare, a post-mortem examination was not made.

A large majority of the wounded were struck in the shoulder, arm, forearm, and hand, showing that the rebels fired rather high. There were, however, many who had been wounded in the lower extremities, especially in the thigh. These were chiefly flesh wounds, few bones being fractured.

One very interesting case was that of a soldier who had been shot by a round ball. This had entered the posterior part of the neck, opposite the atlas bone, passed obliquely upward and around the side of the face, passing out at the angle of the mouth; this being one of those remarkable cases where the ball, instead of passing in a direct line, took a circuitous route.

The sick were principally down with diarrhœa, dysentery, intermittent and typhoid fever. Most of these were convalescent.

We arrived at Washington on the morning of the 29th, after a voyage of twenty-six hours. During our trip we lost none from wounds or disease.

Sunday, twelve M., the soldiers were safely landed, and conveyed to the various hospitals situated in and around Washington.

Yours very respectfully,

C. H. S.

NEWS AND MISCELLANY.

Important Precaution.—The Board of Health of this city have passed a resolution requiring all government transports conveying sick troops to stop at the Lazaretto for a visit from the Lazaretto physician, who is directed to detain for treatment all cases of yellow fever and small-pox, and then allow the vessel to proceed to the city. This is an important precaution, and which was demanded by a just regard for the health of the city during the coming warm months.

Seven hundred and forty-nine sick and wounded soldiers arrived at this city during this week, by the steamers *State of Maine* and *Whilldin*. They were distributed to the various hospitals, the worst cases being sent to Fifth and Buttonwood.

Dr. A. Owen Stillé, of this city, Surgeon of the 23d Pennsylvania Regiment, died on the 21st inst. at Hygeia Hospital, Fortress Monroe, Va. He was on his way homeward for his health.

Personal.—Dr. J. P. O'Neill, of this city, has been appointed Surgeon for United States transports, to report at headquarters of the Potomac.

Dr. Wm. M. Breed, formerly Assistant Surgeon at the Army Hospital, Fifth and Buttonwood, has been appointed Surgeon-in-chief at the State Arsenal, Sixteenth and Filbert, which is to be immediately fitted up for the reception of sick and wounded soldiers.

Dr. Samuel Harvey, a native of Charleston, S. C., and editor of the *New Orleans Bee*, died at the latter city on the 11th inst.

Dr. Charles L. Allen, recently appointed Surgeon of the Ninth Vermont Regiment, has received and accepted the appointment of Brigade Surgeon. It is expected he will succeed Brigade Surgeon Phelps, whose health obliges him to resign.

Dr. B. Walter Carpenter, Assistant Surgeon of the Second Vermont, succeeds Surgeon Allen in the Ninth. Surgeon Carpenter has seen much service on the field.

Dr. C. Alexander, of Farmington, Me., has been appointed Surgeon of the Sixteenth Regiment, now being organized in that State.

Dr. James Bryan, formerly of this city, has received the appointment of Surgeon-General of the Department of North Carolina. He is to have the supervision of all the hospitals in that department.

Surgeon-General Clement A. Finlay has been retired from service at his own request, after a service of forty consecutive years. An honorable retirement.

The White House, Virginia, as a Hospital.—No little noise has been made in Congress and out about the occupation of this famous house as a hospital for the sick and wounded of the Federal army. From the report of Dr. Tripler, Medical Director of the Army of the Potomac, it appears that the house has *five* small rooms, and is capable of accommodating only twenty-four patients; and that the noxious exhalations from the cellar render it an unsuitable place for the sick, and these statements are confirmed by Surgeon Vollum. White House, so called, is the property of the Confederate General Lee; but as being on the ground once owned and occupied by the immortal Washington, Gen. McClellan thought fit to save it from destruction, and placed a guard over it. The water in every spring upon the place has been at the disposal of the sick in the vicinity, by order of Col. Ingalls, the officer in command.

Dr. L. J. Dixon, formerly of Milton, Vt., now of Madison, Wis., is Brigade Surgeon of General Negley's staff, 7th Brigade of General Buell's army. For the past few months, his location has been at Huntsville, Ala.

Malpractice.—Dr. Royal M. Ayer, of Danville, Vt., has been mulcted in the sum of $300 dam-

ages and costs for malpractice as a surgeon, in setting the shoulder of a Mrs. Stalina Gill, of that place. The case was tried in the Caledonia County Court.

Upon the authority of one of the surgeons in attendance, we make the announcement that the General Hospital at Fortress Monroe is not to be given up at present.

Regulations for the Hospital Corps of the United States Army.—The Secretary of War having authorized in certain cases the employment of civilians as cooks and nurses in general hospitals (only), the following rules and instructions are published for the information of all concerned:—

SURGEON-GENERAL'S OFFICE, June 5, 1862.

The men of the hospital corps will receive each $20 50 per month, besides clothing, rations, and medical attendance.

They will be under military discipline, and subject only to the orders of the medical authorities, and will wear the undress uniform of a private soldier, with a green half chevron on the left forearm.

Their duties will be either nursing the sick and wounded of the army in hospitals, cooking, or any other duties with the sick at the discretion of medical officers.

They will be divided into squads of eleven, one of whom will be responsible for the efficiency of the rest. One squad will be allowed to every one hundred patients.

At the usual roll-calls the chief of the squad will answer for the rest to the hospital steward, who will thus learn the number of vacant beds in each ward, and all other particulars concerning the condition and wants of the hospital, which he will report to the medical "officer of the day." The term of the service of the hospital corps will be according to the necessities of the service, or during good conduct.

The amount of pay and clothing received by each nurse, with date, will be recorded on their contract, which will be as a descriptive list to go with the nurse.

The senior medical officer in charge will make a monthly pay-roll of the hospital corps, similar to form 12, Medical Regulations, except the rank and designation, and transmit the same for payment to the nearest medical disbursing officer.

Surgeons in charge of general hospitals, when so authorized, may make contracts with persons for such service according to provisions set forth herein. WILLIAM A. HAMMOND,

Surgeon-General.

NOTE.—It is hereby enjoined upon all medical officers that they shall not avail themselves of this special authority of the War Department, without first receiving permission of the Surgeon-General to do so, on making a full statement of the facts in the case, and clearly setting forth the reasons why the permission should be granted, except in cases of immediate necessity and urgency, and then the commanding officer must approve. In such exceptional cases, the facts will be promptly reported to the Surgeon-General with the necessary explanations, together with a request that his permission be given to continue the employment if the necessity still exists.

Dr. Calvin Seavy, of Bangor, Me., has recently donated one thousand dollars to the Maine Medical School at Brunswick.

Medical History of the War.—We are pleased to direct the attention of our readers to the following important circular from the office of the Surgeon-General. We trust every medical officer will promptly respond to it. The most satisfactory results may be expected from the compilation of such a history.

SURGEON-GENERAL'S OFFICE, WASHINGTON, June 9, 1862.

"It is intended to prepare for publication the Medical and Surgical History of the Rebellion.

"The medical portion of this work has been committed to Assistant Surgeon J. J. Woodward, United States Army, and the surgical part to Brigade Surgeon John H. Brinton, United States Volunteers.

"All medical officers are, therefore, requested to co-operate in this undertaking by forwarding to this office such sanitary, topographical, medical and surgical reports, details of cases, essays, and results of investigations and inquiries, as may be of value for this work, for which full credit will be given in forthcoming volumes.

"Authority has been given to both the above-named gentlemen to issue, from time to time, such circulars as may be necessary to elicit the desired facts, and the medical officers are desired to comply with the requests which may thus be made of them.

"It is scarcely necessary to remind the medical officers of the regular and volunteer services that, through the means in question, much may be done to advance the science which we all have so much at heart, and to establish landmarks which will serve to guide us in future.

"It is, therefore, confidently expected that no one will neglect the opportunity of advancing the honor of the service, the cause of humanity, and his own reputation.

"WILLIAM A. HAMMOND,
"*Surgeon-General, U. S. A.*"

Death of Mr. Wakley.—Thomas Wakley, Esq., M.R.C.S., died on the 16th of May at Madeira, aged sixty-seven years. For the last forty years, Mr. Wakley has filled a large space in the field of medical literature, as the founder and editor of the *London Lancet*.

Health of Troops.—A correspondent, in active service, in one of the Vermont regiments upon the Chickahominy River, Va., writes thus:—

"Leaving the camp in the afternoon yesterday, I crossed the river on one of the numerous foot-bridges now made, and visited our old quarters which we left nearly a week ago, and which by this route are only about two and a half miles away up the river. Calling at the plantation of the notorious Dr. Gaines, I found that the barn, used as a hospital for some of the wounded rebels,

was not so crowded as at my last visit, twelve of the poor fellows having died within the last few days. They are all buried at the foot of the hill, in the grove of large trees near Gaines's house. Near the hospital building was the freshly made grave of a Union soldier, with a head-board, upon which was 'S. S. Reed, 22d Mass. Regt., 2d Co. Sharpshooters. Died June 9th, 1862.'

"At Liberty Hall Hospital there are 500 sick, sent there from the regiments in camp. Within the last ten days, there has been two deaths each day. The graves are all in the garden near the family burying-ground. At this hospital I am sufficiently cognizant of facts to say that it is miserably supplied, and that our sick soldiers do not receive the treatment they ought to have. I do not know who is to blame, but it is disgraceful to our cause."

Whisky Rations.—The extra whisky ration ordered some time since for the army of the Potomac has been discontinued, and a ration of hot coffee is now served to the troops every morning immediately after reveille.

Army Appointments.—The following persons have lately received the appointment of brigade surgeons:—

Eugene F. Sanger, Me.; Robert K. Smith, Pa.; Frederick Seymour, Ohio; David P. Smith, Mass.; William C. Otterson, N. Y.; John S. Hodgen, Mo.; Richard H. Weevil, Pa.; John B. G. Baxter, Wis.; Lavington Quick, Pa.; Norman Gay, Ohio; George Rex, Pa.; Rufus H. Johnson, Ohio; Thomas A. Worrall, Pa.; Frank M. Hiester, Pa.; Gaylord D. Beebe, Ill.; Meredith Clymer, Pa.; Thomas W. Fry, Mo.; Edward E. Phelps, Vt.; Charles H. Rawson, Iowa; Alexander L. Watson, N. Y.; J. H. Baxter, Vt.; W. H. Thorne, Pa.; Barnard Beust, N. J.; William W. Holmes, Ohio; E. Boyd Pendleton, Va. (since resigned); Samuel L. Bigelow, France; Jacob Bookee, Ill.; William W. Nassau, Iowa; William H. White, Del.; Alfred Hitchcock, Mass.; Abraham Crispell, N. Y.; Thomas B. Reed, Pa., Horace Wardner, Ill.; J. B. Lewis, Conn.; B. M. McVickar, Ill. (since resigned); F. G. Snelling, N. Y.; J. C. Fisher, N. J.; Edward D. Dailey, Del.; J. T. Bradford, Ky.; Asariah B. Shipman, N. Y.; James G. Hatchitt, Ky.; Abraham L. Cox, N. J.; Alonzo J. Phelps, Ohio; Samuel M. Hamilton, Ill.; George T. Allen, Ill.; Augustus C. Hamlin, Me.; William Dickinson, Mo.; Ira Russell, Mass.; Isaac I. Hayes, Pa.; Henry Palmer, Wis.; Ferris Jacobs, N. Y.; Clarke McDermott, Ohio; Stephen F. Elliott, Cal.; Daniel Holmes, Pa.; George M. Kellogg, Iowa; Artemus Chapel, Nebraska; J. Theodore Heard, Mass.; John W. Hunt, N. Y.

Surgeon Lewis Humphreys has been confirmed by the Senate a Medical Inspector of the Army. John S. Billings, of Ohio; Jas. Adams, of Maryland; Phineas S. Conner, of Ohio; Thomas G. Mackenzie, of Maryland; William J. Wolfly, of Kentucky; Wm. H. Notson, of Pennsylvania; John D. Riley, of Nebraska; E. D. W. Breneman, and J. B. Brinton, of Pennsylvania, have been confirmed as Assistant Surgeons.

Ship Fever at Quebec.—A Norwegian vessel arrived at Quarantine, June 17th, in which ship fever of a very malignant form has developed itself. There have been no less than forty-seven deaths on the voyage, and nearly thirty sick have been sent ashore. Quarantine is enforced at Grasse Isle, a place some forty miles below Quebec, so the contagion may not reach the main-land; but there are those who fear we shall have the disease manifesting itself speedily along the line of the canals.

Disinfective Agents.—There are a number of disinfective agents which will be found efficacious in removing offensive smells from damp, mouldy cellars, yards, pools of stagnant water, decaying vegetable matter, etc. Either of the following will answer the purpose, while they cost but a trifle:—

1. One pint of the liquor of chloride of zinc, in one pailful of water. This is, perhaps, the most effective of anything that can be used, and when thrown upon decaying vegetable matter of any description, will effectually destroy all offensive odors.

2. Three or four pounds of sulphate of iron, (copperas,) dissolved in a pailful of water, will, in many cases, be sufficient to remove all offensive odors.

3. Chloride of lime is best to scatter about damp places, in yards, in damp cellars, and upon heaps of filth.

MARRIED.

Curtis—Cook.—At Ledgedale, Wayne Co., Pa., on Thursday the 29th ult., Dr. George B. Curtis, of Hawley, and Miss Augusta C., daughter of John Cook, Esq., of the former place.

Van Pelt—Smyth.—On Thursday morning, 19th inst., by the Rev. P. Van Pelt, D.D., Joseph T. Van Pelt, M.D., and Josephine, daughter of Samuel Smyth.

DIED.

Jauncey.—Suddenly, by an accidental shot from a pistol, William Osborne Jauncey, youngest son of the late Joseph Jauncey, M.D., of Westport, Conn., aged twelve years.

Vital Statistics.

Of Philadelphia, for the week ending June 21, 1862.

Deaths—Males, 164; females, 112; boys, 84; girls, 68. Total, 276. Adults, 124; children, 152. Under two years of age, 92. Natives, 208; Foreign, 45. People of color, 8.

Among the causes of death, we notice—Apoplexy, 1; convulsions, 13; croup, 0; cholera infantum, 2; cholera morbus, 0; consumption, 25; diphtheria, 2; diarrhœa and dysentery, 10; dropsy of head, 5; debility, 15; scarlet fever, 13; typhus and typhoid fever, 14; inflammation of brain, 8; of bowels, 10; of lungs, 11; bronchitis, 2; congestion of brain, 5; of lungs, 1; erysipelas, 1; hooping-cough, 0; marasmus, 10; small-pox, 4.

For week ending June 22, 1861.....266
" " June 21, 1862.....276

Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 2060.

Of New York, for the week ending June 15, 1862.

Deaths—Males, 183; females, 152; boys, 105; girls, 79. Total, 335. Adults, 151; children, 184. Under two years of age, 109. Natives, 217; Foreign, 118; Colored, 4.

Among the causes of death, we notice—Apoplexy, 7; infantile convulsions, 22; croup, 6; diphtheria, 6; scarlet fever, 20; typhus and typhoid fevers, 16; cholera infantum, 2; cholera morbus, 0; consumption, 45; small-pox, 3; dropsy of head, 13; infantile marasmus, 19; diarrhœa and dysentery, 0; inflammation of brain, 9; of bowels, 5; of lungs, 16; bronchitis, 2; congestion of brain, 10; of lungs, 4; erysipelas, 2; hooping-cough, 9; measles, 1: 178 deaths occurred from acute disease, and 55 from violent causes.

For week ending April 8, 1861.....000
" " April 7, 1862.....000

Population of New York, by the census of 1860, 814,277. Mortality, 1 in 2430.

Of Boston, for the week ending June 14, 1862.

Deaths—Males, 36; females, 31. Total, 67. Natives, 43; Foreign, 13.

Among the causes of death, we notice—Phthisis, 15; cholera infantum, 0; croup, 1; scarlet fever, 5; pneumonia, 6; variola, 2; dysentery, 0; typhus fever, 0; diphtheria, 1; hooping-cough, 1; convulsions, 1.

Population of Boston in 1860, 177,902. Average corrected to increased population, 71·9.